



Montana Breast & Cervical Health Program 2006/2007

Department of Public Health and Human Services

INTRODUCTION

- Program Activities
- Breast and Cervical Cancer Disease Burden in the State
 - Impact of the Program

Montana Breast and Cervical Health Program Mission Statement

To reduce breast and cervical cancer morbidity and mortality among Montana women by providing ongoing quality screening services and education in a manner that is appropriate, accessible, cost-effective, and sensitive to women's needs.

Rationale

- Screening mammograms make it possible to find early stage (in-situ and local) breast cancer.
- The ability of mammography to identify breast cancer at an early stage improves the opportunity for effective treatment and survival.
- Pap tests make it possible to find pre-cancerous (dysplasia) lesions or early (in-situ) cervical cancer.
- Survival rates are greatest at the earliest stage of disease.
- Treatment of cancer at later stages is substantially less effective as well as more debilitating.

Background

- The Breast and Cervical Cancer Mortality Prevention Act of 1990 (PL-101-354) established a comprehensive, national screening program for low-income, minority, and underserved women.
- The Montana Breast and Cervical Health Program received comprehensive screening funds in September 1996 from the Centers for Disease Control and Prevention.

Montana Breast and Cervical Health Program Components*

Screening, Tracking, Follow-Up, and Case Management

Surveillance

Professional Education

Public Education and Outreach

Coalitions and Partnerships

Quality Assurance and Improvement

*Established through PL-101-354

Montana Breast and Cervical Health Program Target Population

Includes women who:

Are 50 through 64 years of age*

Are uninsured or underinsured

Have a family gross income at or below 200 percent of the current
Federal Poverty Level

Have rarely or never been screened for cervical cancer

***Women 65 years of age and older who cannot pay the premium to enroll in Medicare Part B and meet the income eligibility criteria are eligible for services.**

Montana Quick Facts

Resident population estimate, July 2005 ¹	935,670
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Racial composition 2004²

White	92.2%
American Indian	7.4%
Other	0.4%

Unemployment, 2005³

Statewide	3.5%
Reservations	6.0% to 19.7%

	<u>Montana</u>	<u>National</u>
Median household Income, 2004 ²	\$35,201	\$44,473
Per capita income, 2005 ⁴	\$29,387	\$34,586
People in poverty, 2004 ³	14.3%	12.4%
People without health insurance coverage, 2004 ²	17.9%	15.5%

¹Montana Census and Economic Information Center, <http://www.ceic.commerce.state.mt.us/demographics.asp>

²US Census Bureau, <http://www.factfinder.census.gov>

³Montana Department of Labor and Industry, Research and Analysis Bureau

⁴Bureau of Economic Analysis, US Department of Commerce, <http://www.bea.gov>

Administrative Sites

An organization with whom the Montana Breast and Cervical Health Program, (MBCHP) contracts with, to implement the program in their multi-county area.

CONTRACTOR

COUNTY

Flathead City-County Health Department

Flathead, Lincoln, Lake, & Sanders

Missoula County on behalf of
Partnership Health Center

Missoula, Mineral, & Ravalli

Lewis & Clark City-County Health Department

Lewis & Clark, Broadwater, Jefferson, & Meagher

Butte-Silver Bow County Unified Government

Silver Bow, Beaverhead, Deer Lodge, Granite,
Madison, & Powell

Teton County Health Department

Teton, Pondera, Glacier, Toole, & Liberty

Gallatin City-County Health Department

Gallatin, Park, & Sweet Grass

Cascade County Health Department

Cascade & Chouteau

Yellowstone City-County Health Department

Yellowstone, Treasure, Stillwater, Carbon,
Musselshell, Golden Valley, & Big Horn

Hill County Health Department

Hill, Blaine, & Phillips

Fergus County on behalf of
Central Montana Family Planning

Fergus, Judith Basin, Petroleum, & Wheatland

Daniels County Health Department

Daniels, Roosevelt, Sheridan, & Valley

Custer County Health Department

Custer, Garfield, Carter, Powder River, & Rosebud

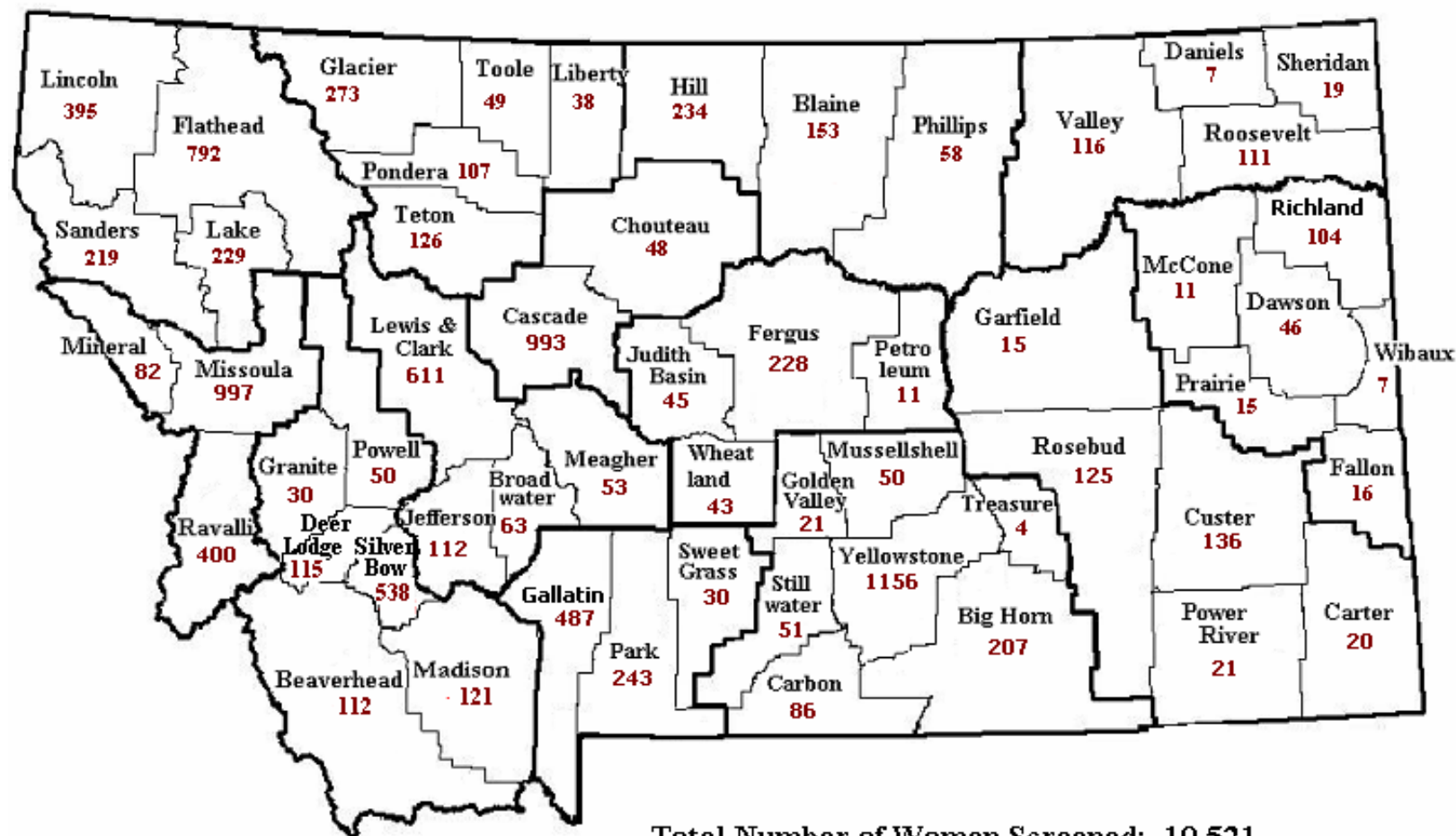
Richland County Health Department

Dawson, Fallon, McCone, Prairie, Richland,
& Wibaux

Montana Breast and Cervical Health Program

Women Screened by County

October 1, 1996 to June 30, 2006



Total Number of Women Screened: 10,521

American Indian Screening Initiative

The Montana Indian Reservations and Urban Indian Centers in partnership with the MBCHP Administrative Sites are collaborating to increase breast and cervical health screening services to American Indian Women.

The American Indian Screening Initiative was implemented in 2000.

Reservations & Tribes

Blackfeet Reservation (Blackfeet Tribe)

Crow Reservation (Crow Tribe)

Flathead Reservation (Salish & Kootenai Tribes)

Fort Belknap Reservation (Gros Ventre & Assiniboiné Tribes)

Fort Peck Reservation (Assiniboiné & Sioux Tribes)

Northern Cheyenne Reservation (Northern Cheyenne Tribe)

Rocky Boy's Reservation (Chippewa & Cree Tribes)

Little Shell Tribe of Chippewa Indians of Montana - Headquarters, Great Falls

Urban Indian Centers

Indian Family Health Clinic - Great Falls

Indian Health Board of Billings Clinic - Billings

Leo Pocha Clinic - Helena

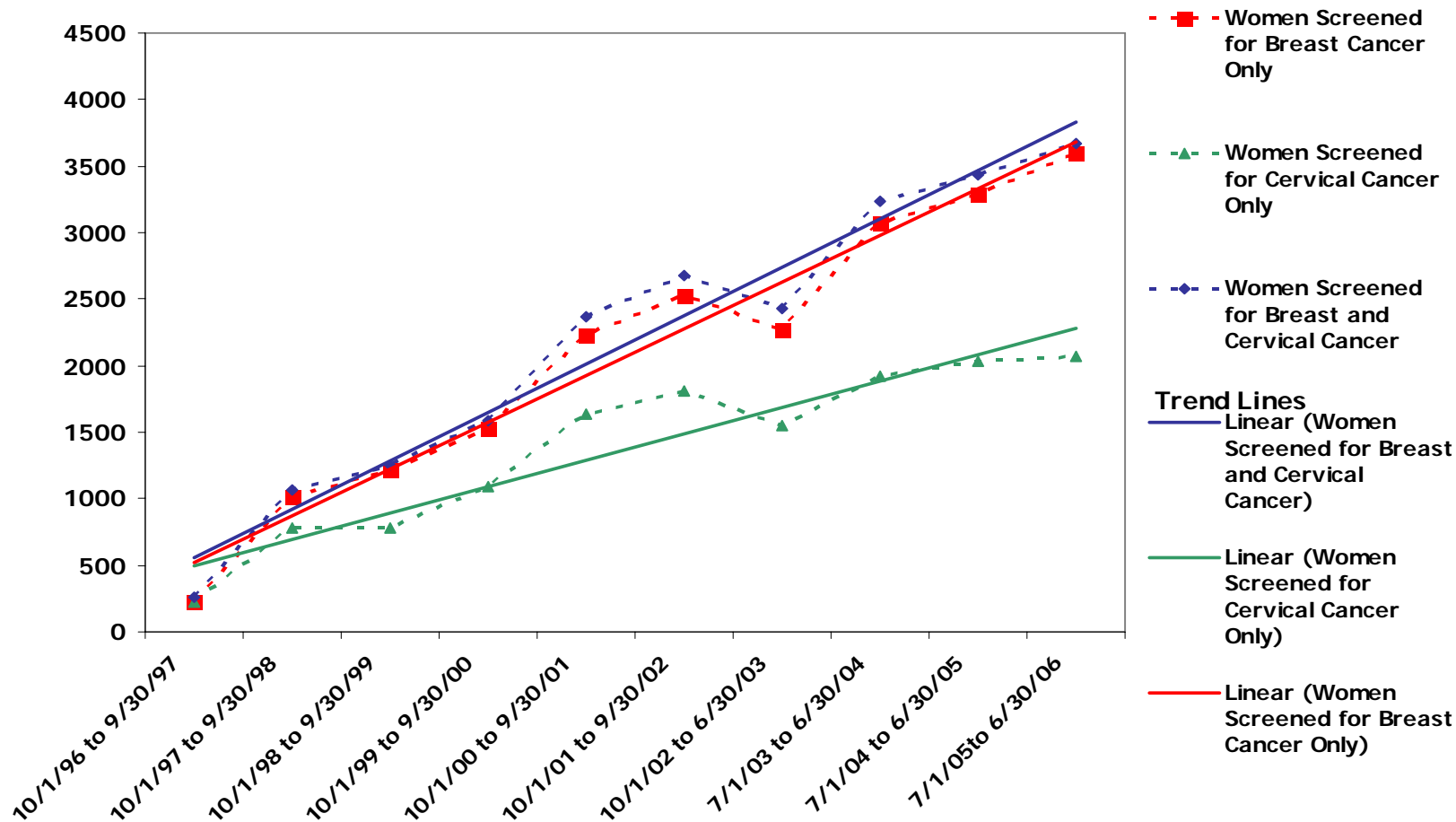
Missoula Indian Center - Missoula

North American Indian Alliance - Butte

Montana Breast and Cervical Health Program

Women Screened for Breast and/or Cervical Cancer

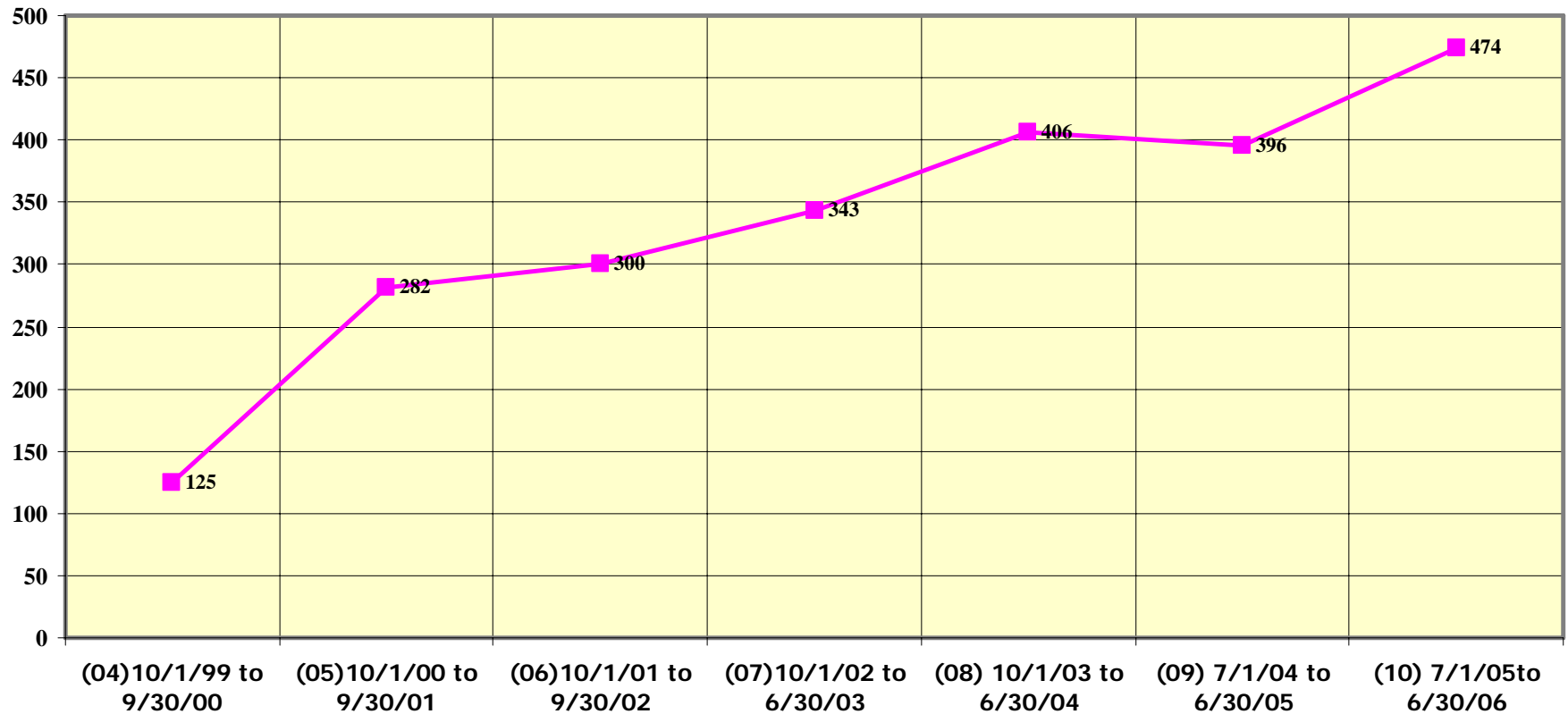
October 1, 1996 to June 30, 2006



Source: Montana Breast and Cervical Health Program

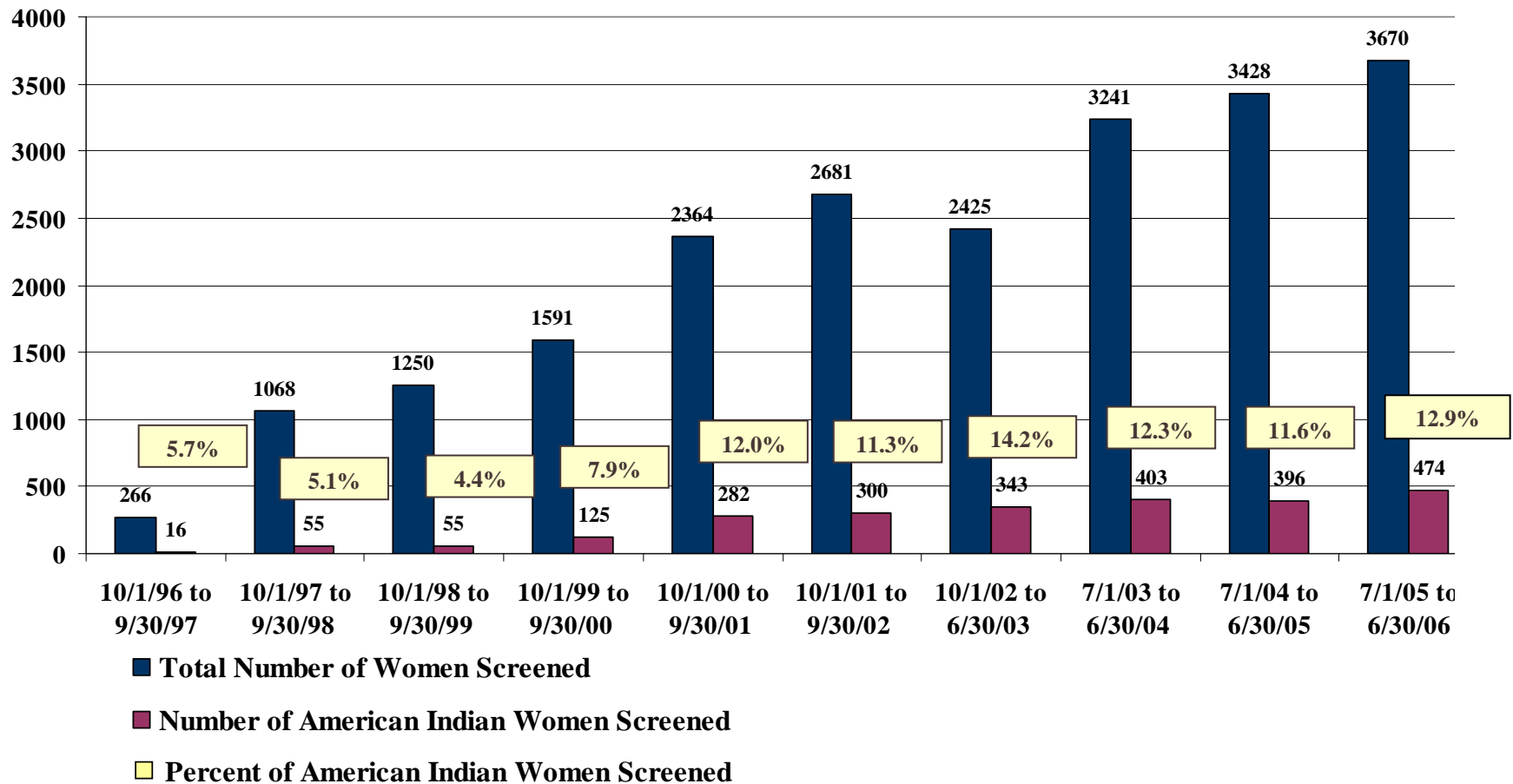
Montana Breast and Cervical Health Program

Number of American Indian Women Screened by Program Year



In (09) MBCHP updated the American Indian Screening Initiative to Phase 2 and maintained their screening numbers for American Indian women.

Montana Breast and Cervical Health Program Percent of American Indian Women Screened October 1, 1996 to June 30, 2006



Source: Montana Breast and Cervical Health Program

Collaborative Partnerships

The MBCHP has established collaborative partnerships with private and public sector organizations to ensure the success of the program.

Listed below are examples of organizations that partner with the program:

American Cancer Society	Local Food Banks
Indian Health Service Units	Blue Cross/Blue Shield of Montana
Urban Indian Centers	New West
Parish Nurse Ministry	United Way
United States Postal Service	Optimist Club
Susan G. Komen Foundation	Community Health Clinics
Soroptimists	Cancer Treatment Centers
Senior Centers	Regional Hospitals
Council on Aging	Local Newspapers
HRDC Offices	Samaritan House
Women's Voices for the Earth	Local Television & Radio Stations
Family Planning Clinics	Planned Parenthood
Offices of Public Assistance	Health Departments
Private/Public Colleges and Universities	A Can of Worms, LLC
Mountain Pacific Quality Health Foundation	Private Businesses and Foundations
Hospitals and Medical Service Providers	Tribal Health Facilities
American Association of Retired People	Safeway Stores
Montana Tobacco Use Prevention Program	Avon
National Indian Women's Health Resource Center	
Cancer Information Services of the National Cancer Institute	

Montana Breast and Cervical Health Program

List of enrolled medical service providers by general categories

Medical Doctors in private practice	543
Nurse Practitioners in private practice	152
Physician Assistants in private practice	66
Naturopaths	12
Indian Health Service Units/Tribal Health Facilities	8
Federally Qualified Health Clinics	18
Rural Health Clinics	24
CLIA* approved cytology laboratories	33
MQSA** certified radiology facilities	46
Urban Indian Centers	4
Hospitals and Ambulatory Surgical Centers	50
Anesthesiology Groups	18

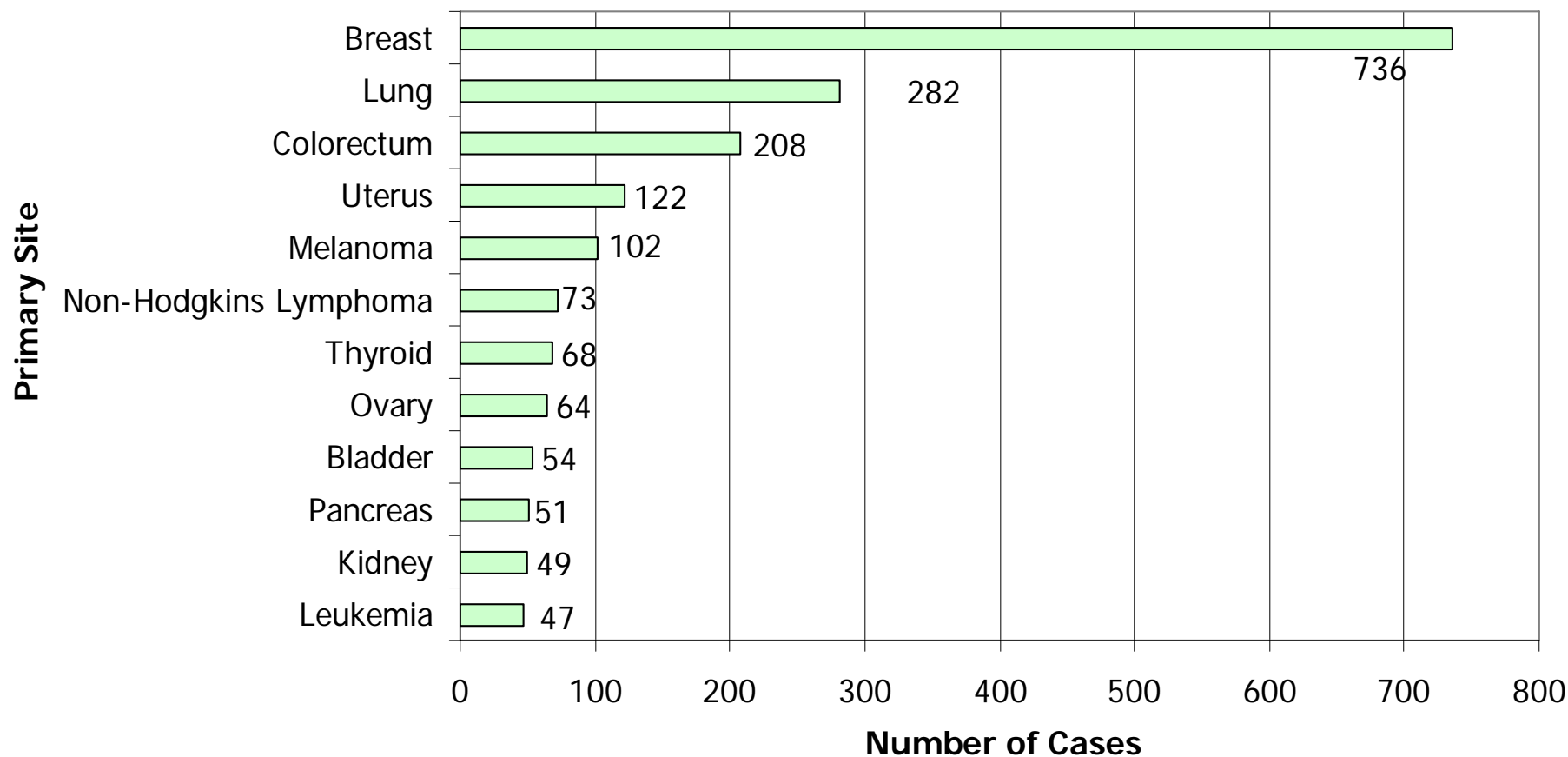
*Clinical Laboratory Improvement Act

* * Mammography Quality Standards Act

Most Frequently Reported Neoplasms by Site - Female only

Montana residents

2004 Diagnoses (reported as of July 10, 2006)



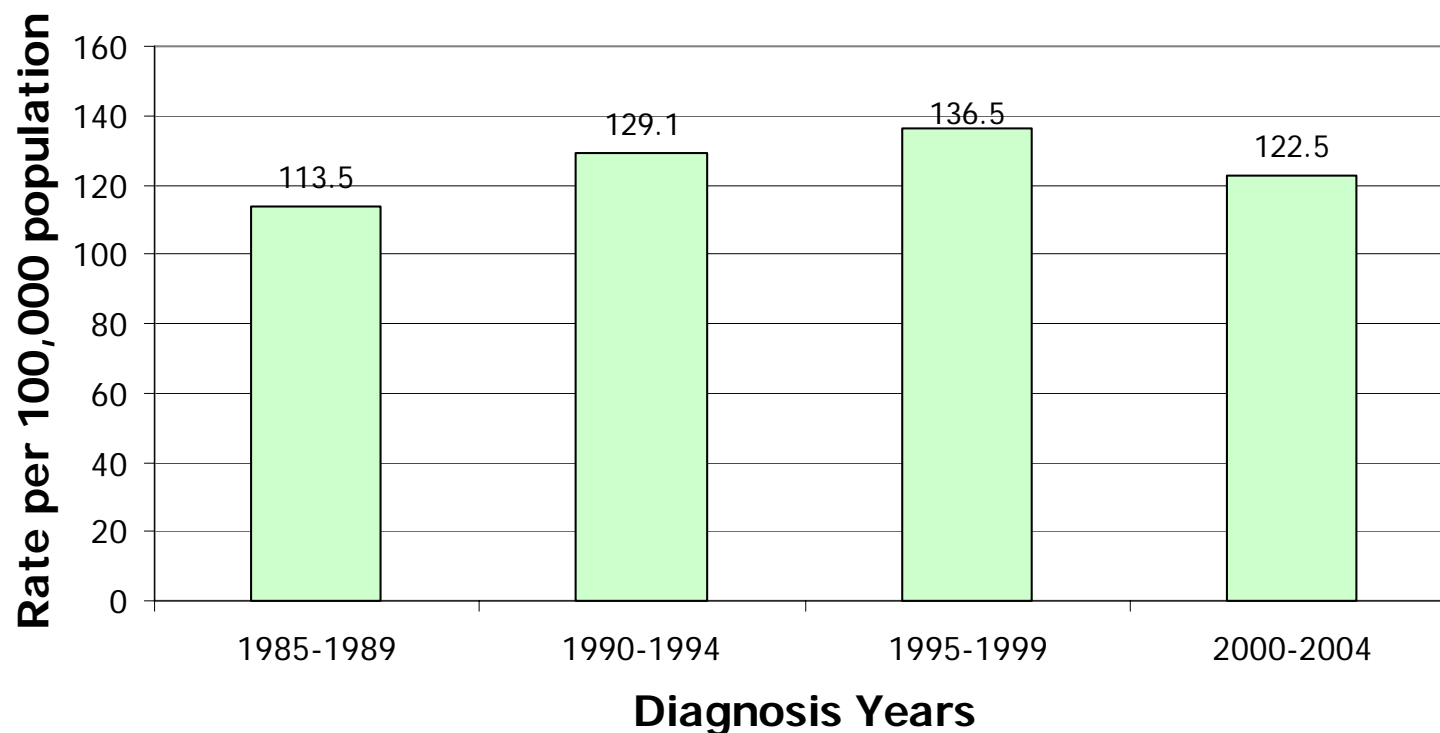
Source: Montana Central Tumor Registry

Breast Cancer Disease Burden in Montana

In 2006, an estimated 620 new cases of breast cancer will be detected in Montana women and approximately 120 women will die of the disease.

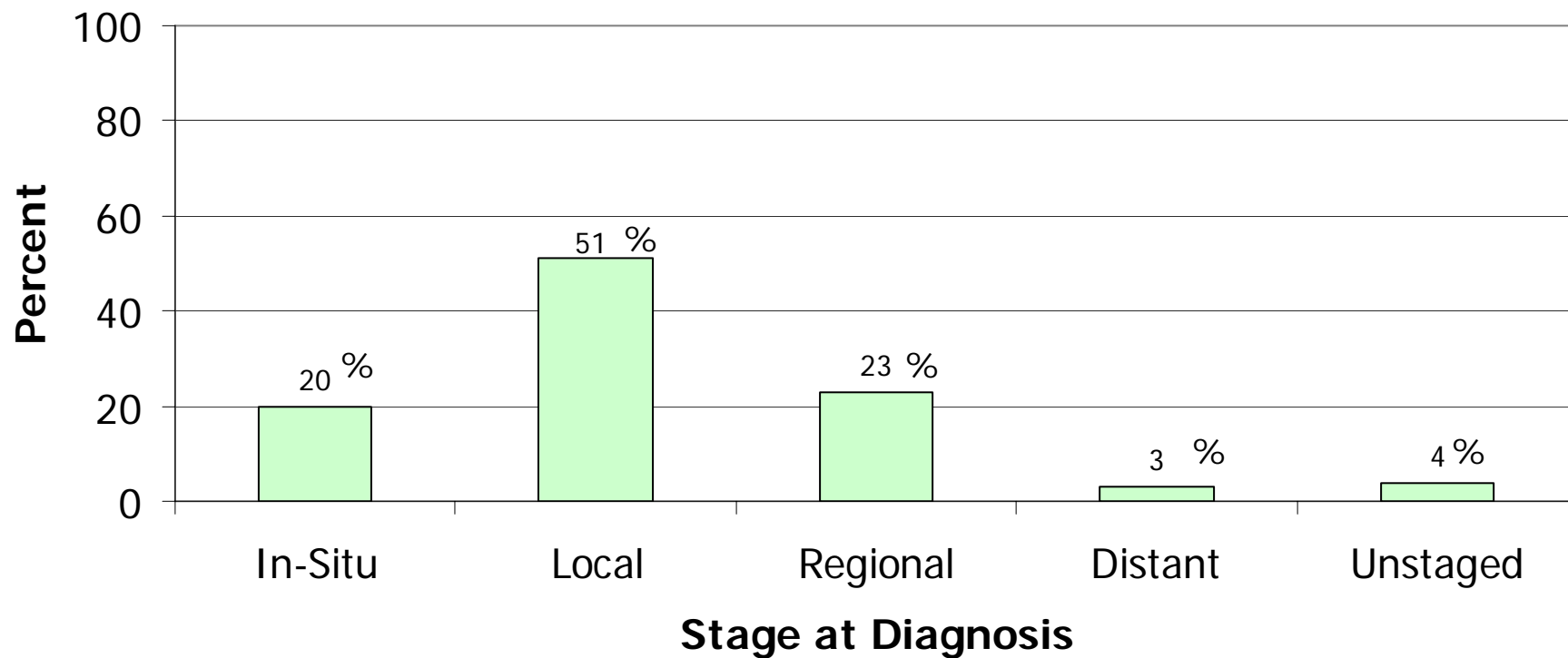
American Cancer Society Facts and Figures, 2006

Invasive Breast Cancer in Montana Age-Adjusted Incidence Rates * 1985-2004



*** Age-adjusted to the 2000 standard million population and shown per 100,000**

Montana Breast Cancer Stage at Diagnosis 2000-2004



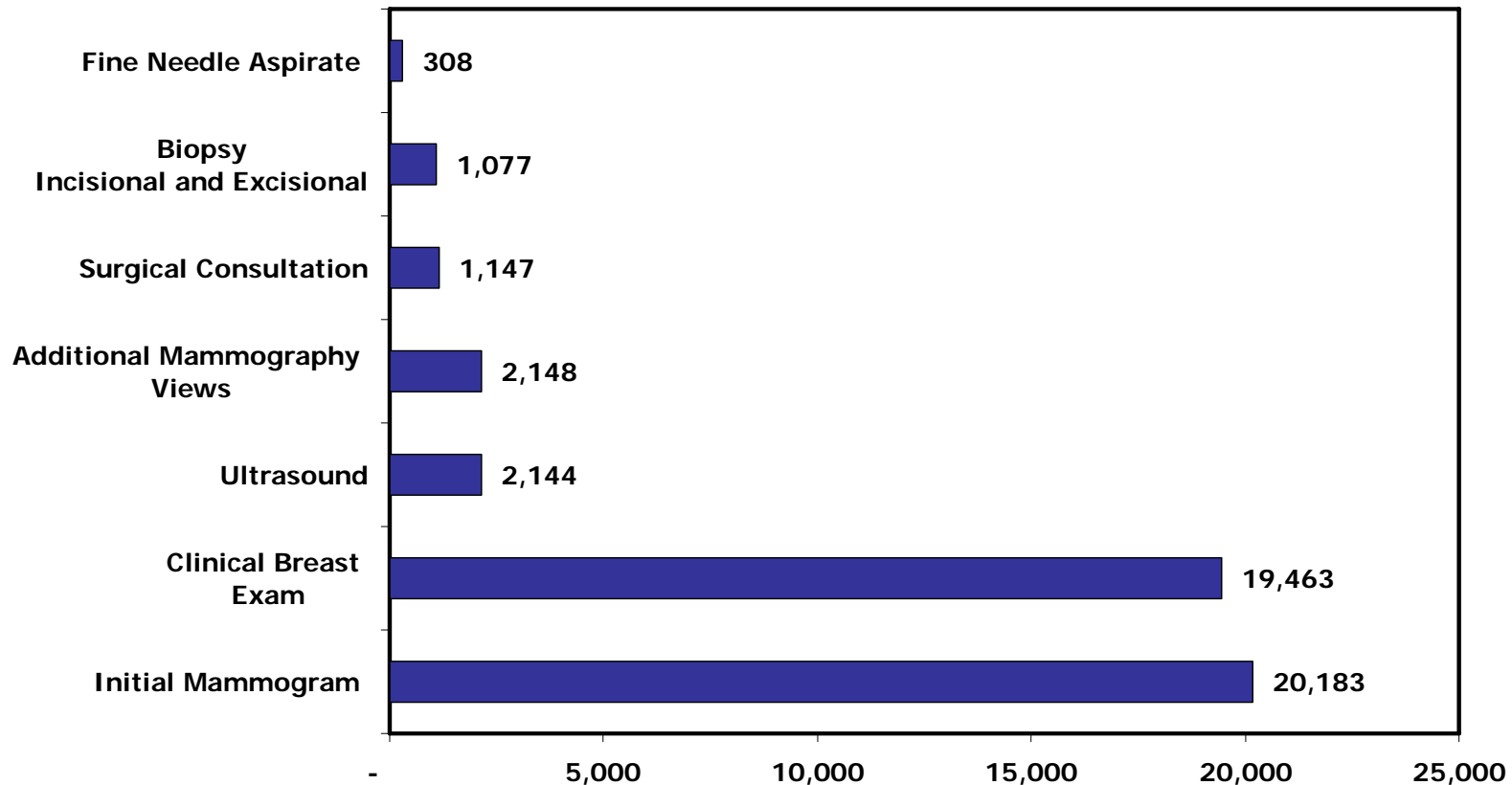
Source: Montana Central Tumor Registry

Montana Breast and Cervical Health Program

Breast Cancer Screening

October 1, 1996 to June 30, 2006

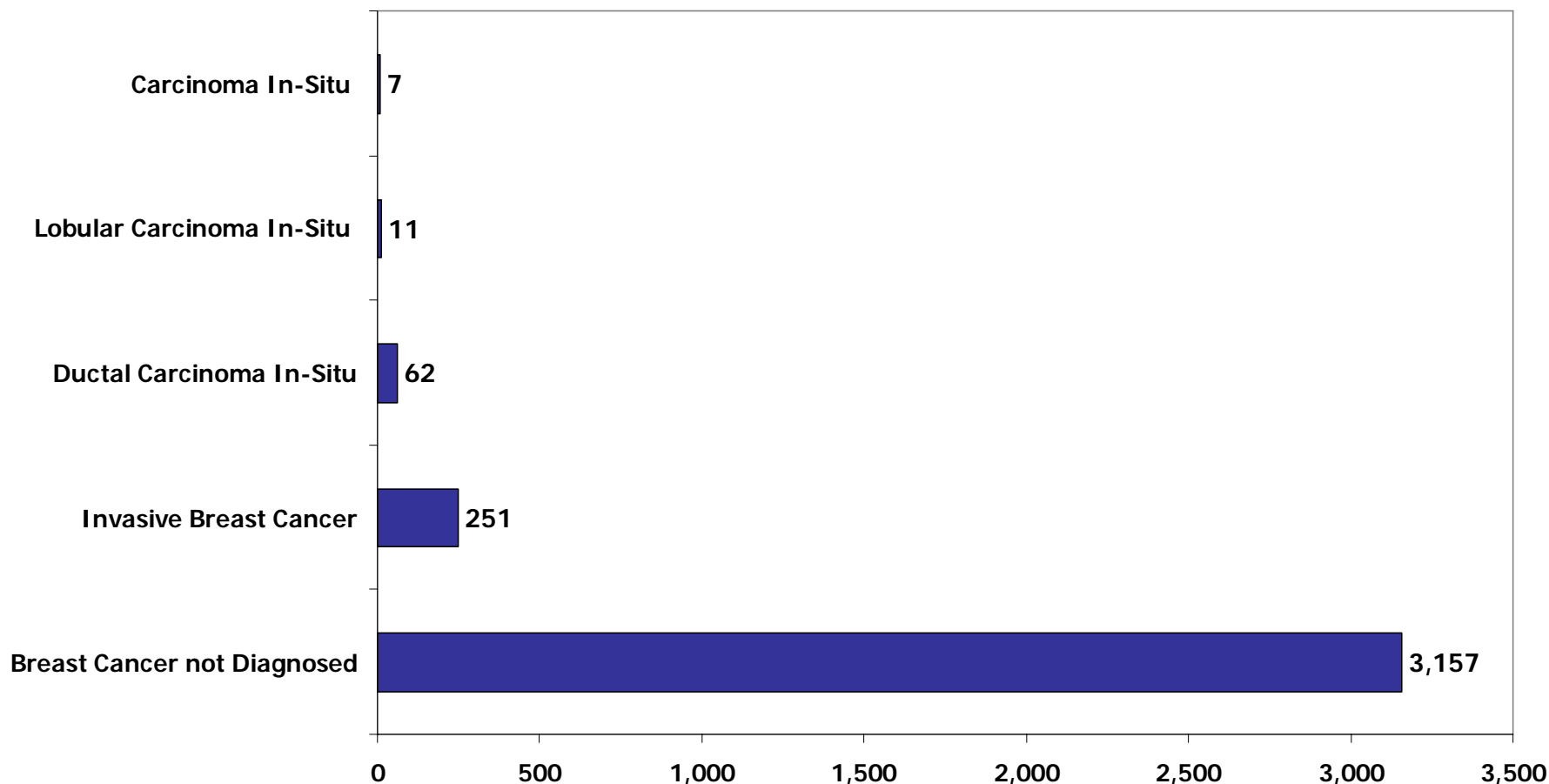
Breast Procedures Performed



Total Breast Procedures: 46,470

Source: Montana Breast and Cervical Health Program

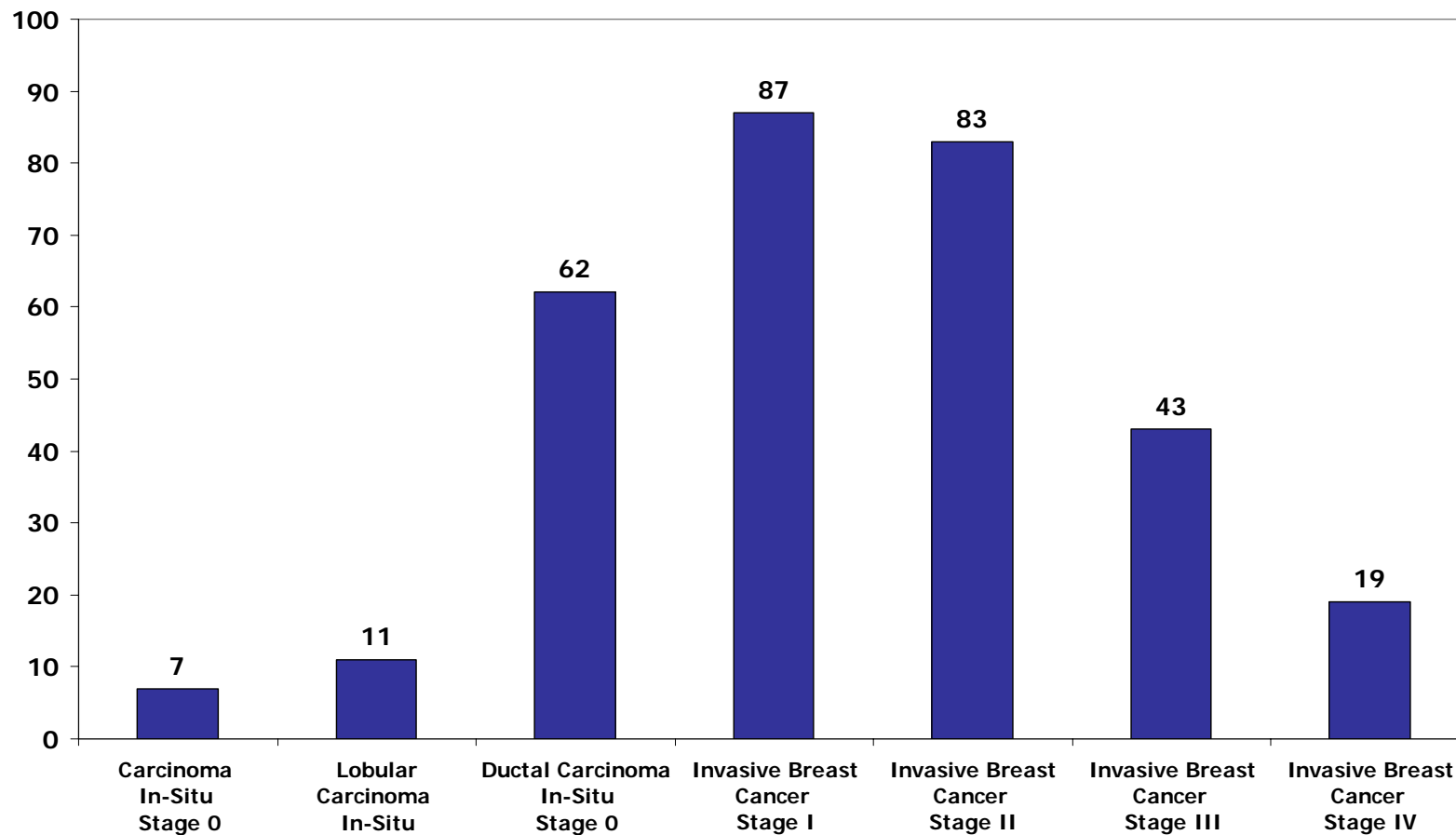
**Montana Breast and Cervical Health Program
Abnormal Mammograms and Clinical Breast Exams
Result of Final Diagnostic Evaluation from October 1, 1996 to June 30, 2006**



Source: Montana Breast and Cervical Health Program

**Montana Breast and Cervical Health Program
Breast Cancer Diagnosed
October 1, 1996 to June 30, 2006**

Breast Cancer Stage at Diagnosis



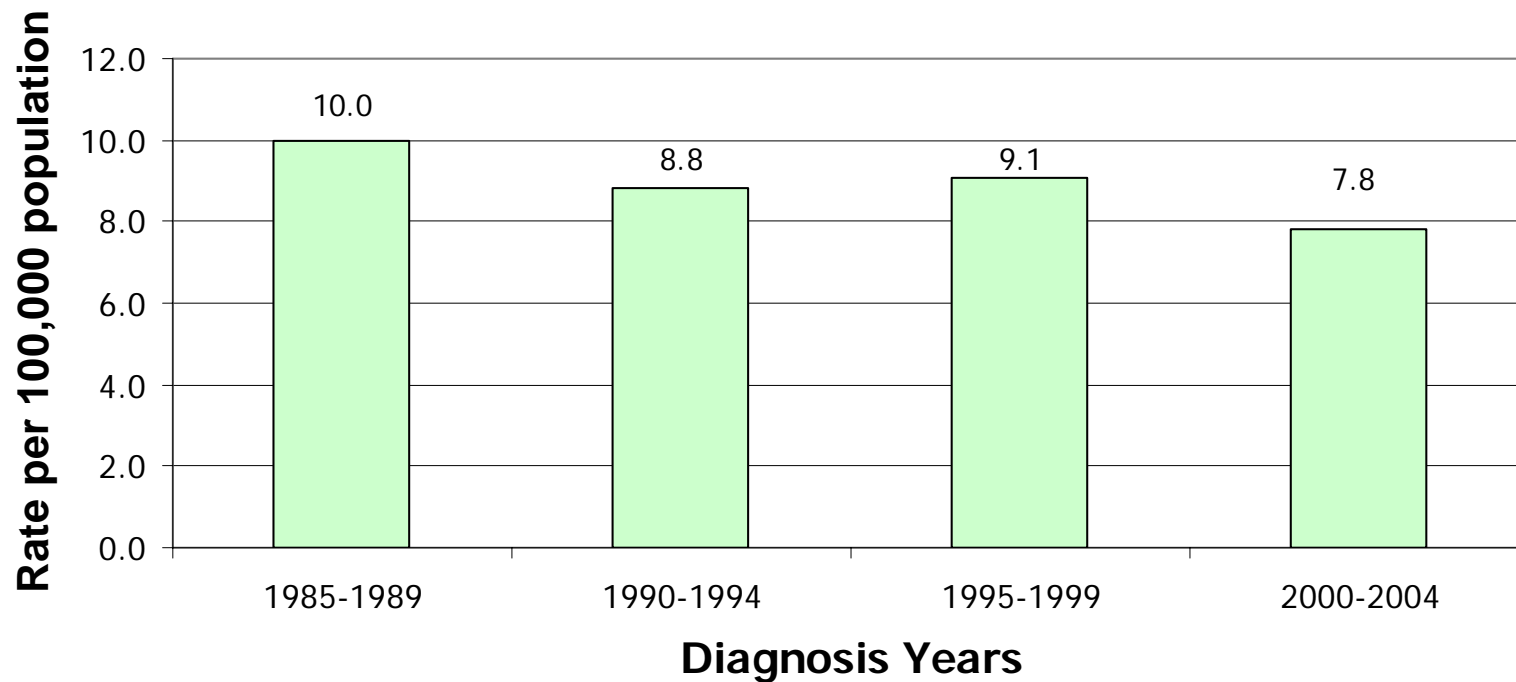
Cervical Cancer: Disease Burden

In 2006, it is estimated that less than 50 cases of cervical or uterine cancer will be detected.

Invasive Cervical Cancer in Montana

Age-Adjusted Incidence Rates *

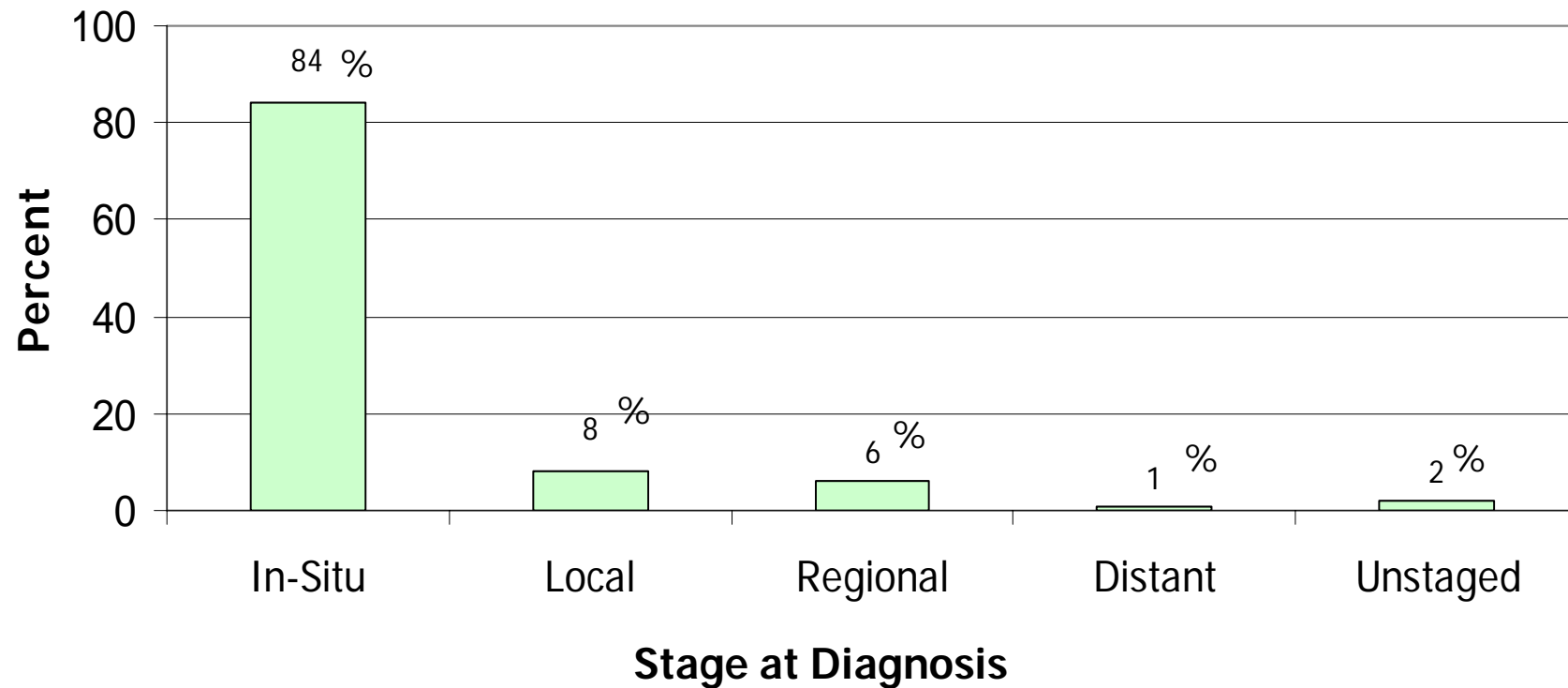
1985-2004



*** Age-adjusted to the 2000 standard million population and shown per 100,000**

Source: Montana Central Tumor Registry

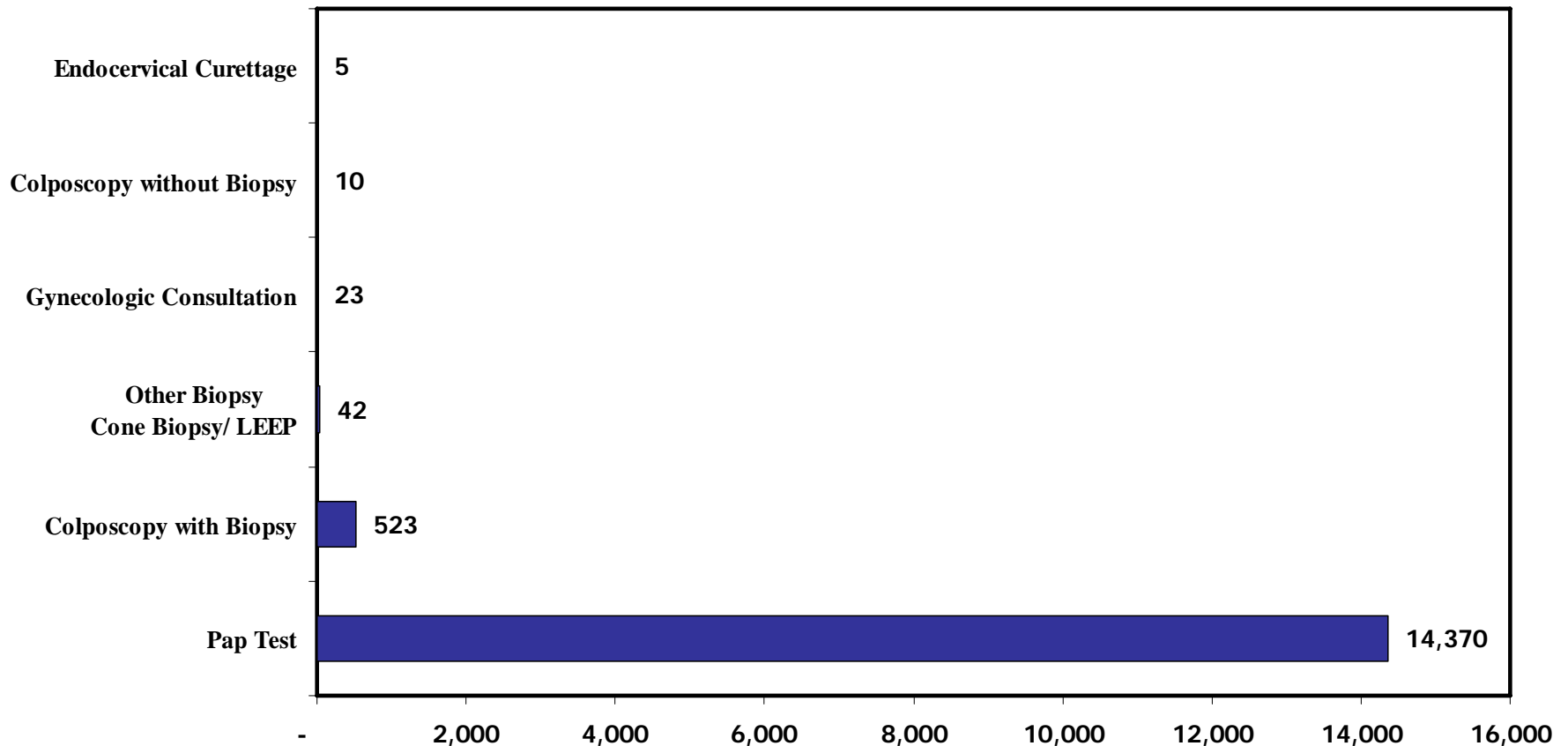
Montana Cervical Cancer Stage at Diagnosis 2000-2004



Source: Montana Central Tumor Registry

Cervical Cancer Screening October 1, 1996 to June 30, 2006

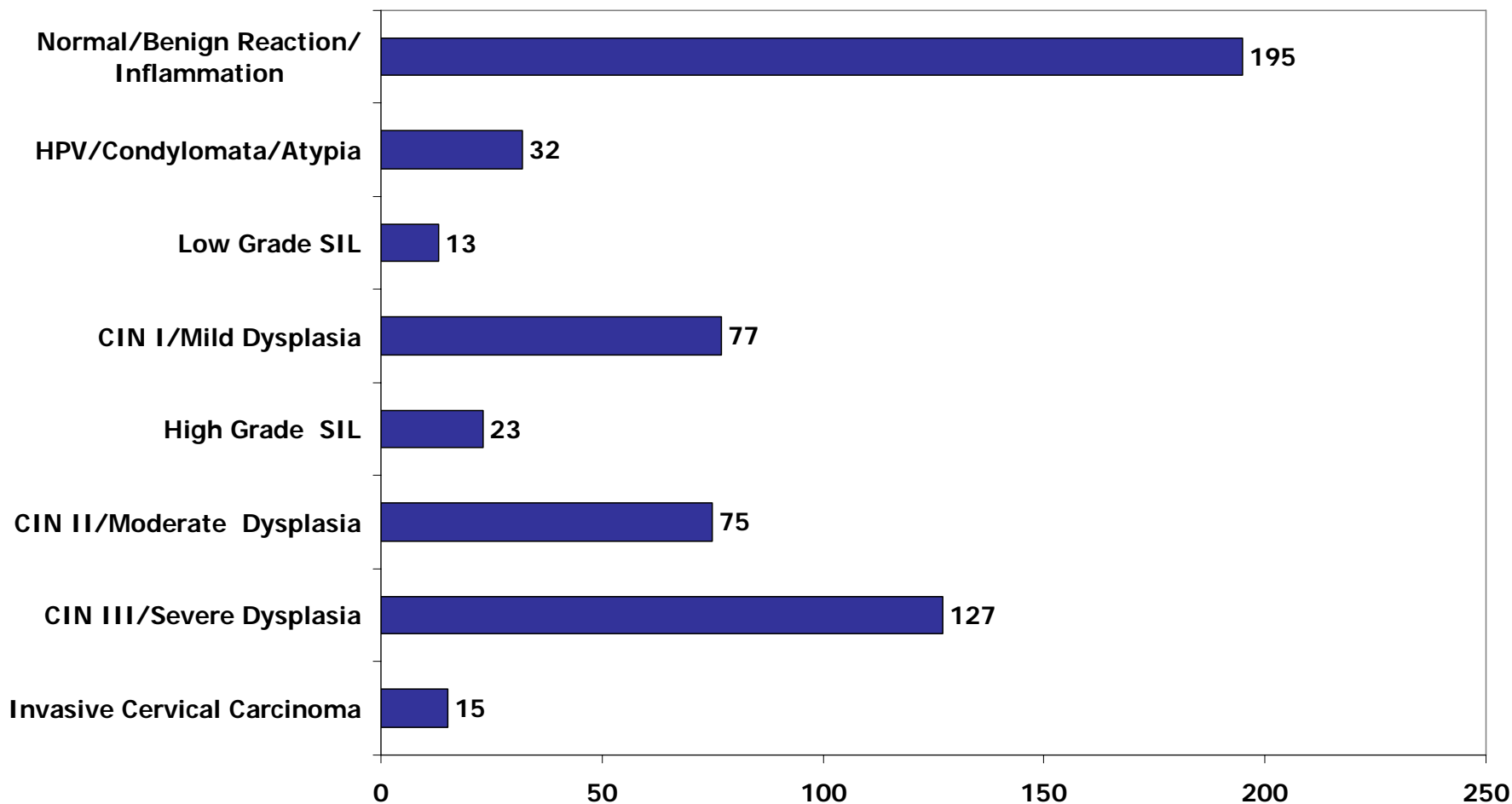
Cervical Procedures Performed



Total Cervical Procedures: 14,973

Source: Montana Breast and Cervical Health Program

Montana Breast and Cervical Health Program
Abnormal Pap Tests
Results of Final Diagnostic Evaluation from October 1, 1996 to June 30, 2006



Source: Montana Breast and Cervical Health

Technical Notes and Definitions

Stage at diagnosis

The staging of cancers is based on the size of the primary lesion, its extent of spread to regional lymph nodes, and the presence or absence of blood-borne metastases. The stages in order of increasing spread are described below:

In-situ - A neoplasm that fulfills all the microscopic criteria for a malignancy, but does not invade or penetrate surrounding tissue.

Localized (Stage 1) - An invasive neoplasm confined entirely to the organ of origin.

Regional (Stage 2) - A neoplasm that has extended beyond the limits of the organ of origin directly into the surrounding organs or tissues; into regional lymph nodes; or both direct extension and regional lymph node involvement.

Distant (Stage 3) - A neoplasm that has spread to parts of the body remote from the primary tumor, either by direct extension or by discontinuous metastasis.

Unstaged (Stage 4) - Information is not sufficient to assign a stage.

Montana Central Tumor Registry (MCTR)

A central state registry of nearly all cancers diagnosed and/or treated in Montana. The MCTR uses a computer data system designed for the collection, storage, management, and analysis of the data collected and maintained.

SEER

National Institutes of Health/National Cancer Institute Surveillance, Epidemiology, and End Results. SEER data are gathered from 11 geographic areas of the United States. These geographic areas are considered by SEER to be "reasonably representative subsets of the United States population."

Incidence rate:

The cancer incidence rate is the number of new cases diagnosed during the specified time period per 100,000 (using the sum population over the time period in the denominator). The time period for Montana cancer rates is 1993-1997, while the time period for national (SEER) data rates is 1990-1994. All rates are standardized to the 1970 U.S. standard million population by the direct method. Montana age-specific rates are calculated for 5-year age groupings by dividing the number of cases by the total 5-year population of that age group, and expressed as a rate per 100,000 people.



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